

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

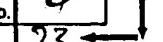
APPLICANT(S)

CLAIMS

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
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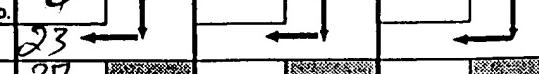
TOTAL IND.

4



TOTAL DEP.

23



TOTAL CLAIMS

27

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

